

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-3-05.

The IRO reviewed therapeutic exercises, neuromuscular re-education, chiropractic manipulation, and office visits from 3-8-04 to 5-28-04.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO deemed that the therapeutic exercises, neuromuscular re-education, chiropractic manipulation, and office visit from 3-8-04 to 4-2-04 were medically necessary. The IRO agreed with the previous adverse determination that the office visits on 4-7-04 and 5-28-04 were not medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The above Findings and Decision is hereby issued this 24<sup>th</sup> day of February 2005.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

### **ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is applicable to dates of service 3-8-04 through 4-2-04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 24th day of February 2005.

Margaret Q. Ojeda, Manager  
Medical Dispute Resolution  
Medical Review Division

Enclosure: IRO Decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**  
**Fax 512/491-5145**

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

February 11, 2005

**Re: IRO Case # M5-05-1284-01** amended 2/22/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the

treating physicians or providers, or any of the physicians or providers who reviewed the case for a

determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Reports Dr. Kothmann 1/12/04, 1/24/04, 3/8/04, 3/23/04, 1/24/05
4. Daily notes Dr. Kothmann
5. MRI lumbar spine report 1/22/04
6. Review 6/21/04

#### History

The patient injured her low back, left hip and left leg in \_\_\_\_ when she tripped and fell going up bleachers. An MRI of the lumbar spine and an electrodiagnostic study were performed. The patient was treated with active and passive physical therapy.

#### Requested Service(s)

Therapeutic exercises, neuromuscular re-education, chiropractic manipulative treatment spinal 3-4 regions, chiropractic manipulative treatment spinal 1-2 regions, office visit level IV, office visit level II 3/8/04 – 5/28/04

#### Decision

I agree with the carrier's decision to deny the requested services after 4/2/04, and I disagree with the denial of the requested services through 4/2/04.

#### Rationale

The patient received an adequate trial of chiropractic treatment, including about 21 visits, prior to the dates in dispute. Based on the records provided for this review, the patient benefited from the D.C.'s treatment through 4/2/04, or approximately 32 office visits. The records after 4/2/04 fail to show any significant improvement in pain relief or function.

The records of treatment after 4/2/04 do not show objective, quantifiable findings or subjective complaints to support continued treatment. The services after 4/2/04 were excessive for the severity of the patient's injury.

Based on the records provided, the patient's condition plateaued in a diminished state as of 4/2/04, and any further treatment failed to be beneficial. The patient suffered from what appears from the records to be a lumbar sprain/strain injury and it should have responded very well to treatment with release to a home-based exercise program as of 4/2/04.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP